

**APPLICATION FOR THE RELEASE OF A NEW  
EDUCATION DOCUMENT / DUPLICATE  
(if the holder finds errors in the original one)**

**FORM AS10**

**TO THE RECTOR,**

**The undersigned,**

(family name and all given names according to the **certificate of birth**)

**Graduate of the Politehnica University of Timișoara,  
Faculty** \_\_\_\_\_

**Specialization** \_\_\_\_\_

**Form of study** (check the appropriate box):

- |   |   |
|---|---|
| <input type="checkbox"/> Bachelor 5 years (full time / evening courses)   | <input type="checkbox"/> Bachelor 6 years (with integrated Master)        |
| <input type="checkbox"/> Bachelor 3 years (full time / distance learning) | <input type="checkbox"/> Bachelor 4 years                                 |
| <input type="checkbox"/> Master (1 / 2 years)                             | <input type="checkbox"/> College  |
| <input type="checkbox"/> Advanced studies                                 | <input type="checkbox"/> Assistant engineer (full time / evening courses) |
| <input type="checkbox"/> Post-graduate                                    |   |

Calendar year of the completion of the final academic year \_\_\_\_\_

Calendar year of the conferring of the degree \_\_\_\_\_, month \_\_\_\_\_.

**Please agree to issue and release a new ☐ diploma / ☐ diploma supplement, as I have  
found some errors in the original/ duplicate study document** Series \_\_\_\_\_

No. \_\_\_\_\_, issued with No. \_\_\_\_\_ on (date) \_\_\_\_\_.

**The errors found are as follows:**

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To this application I attach:

- ☐ The original document issued with errors
- ☐ 2 recent photographs, size 3 cm by 4 cm
- ☐ Copy of the birth certificate (certified with the original)

**Contact data of the applicant:**

Phone number \_\_\_\_\_ E-mail address \_\_\_\_\_

Date: \_\_\_\_\_

Signature, \_\_\_\_\_

**Note on the processing and storage of personal data**

*The undersigned \_\_\_\_\_, I am aware that the Politehnica University of Timisoara will process, by any means, my personal data, made available on the obtaining of the study documents / university documents, in accordance with Regulation (EU)2016/679 on the protection of individuals with regard to the processing of personal data and on the free movement of such data.*

**Signature** \_\_\_\_\_

**Note:**

**- Study documents shall be released with a fee. Please consult [Fees for the release of study documents](#).**